



BOROUGH OF BRIDLINGTON

ANNUAL
REPORT

of the

Medical Officer of Health

for the Year 1968

including

ANNUAL REPORT

of the

Chief Public Health Inspector

CONTENTS

STATISTICS	<i>Page</i>
General	8
Vital	8
Provisional Statistics—England and Wales	8
BIRTHS AND DEATHS	
Births, Deaths and Population during last 20 years	9
Causes of Death	9
Age and Sex Distribution of Deaths	10
Infant Deaths	10
Infant Mortality Rate 1958—1968	10
INFECTIOUS DISEASES	
Infectious Diseases Notified during 1968	11
Infectious Diseases Notified 1958—1968	11
Tuberculosis	11
GENERAL PROVISION OF HEALTH SERVICES	
Hospital Services	12
Nursing Homes	12
National Assistance Act, 1948	12
Local Health Authority Services	12 & 13
Local Education Authority Services	13
Other Local Authority Services	13 & 14
Public Health Laboratory Service	14
Voluntary Organisations	14
Port Health Authority	15 & 19
PUBLIC HEALTH INSPECTIONS	
Number of inspections for all purposes	20
Notices served	20
Summary of Public Health Inspections	20
Drainage	21
DISINFECTIONS AND DISINFESTATIONS	21
PREVENTION OF DAMAGE BY PESTS ACT 1949	21
PET ANIMALS ACT 1951	22
ANIMAL BOARDING ESTABLISHMENTS ACT 1963	22
RIDING ESTABLISHMENTS ACT 1964	22
FOOD CONTROL	
Slaughterhouse	22
Meat Inspection	23 & 24
Other Food	24
Food Hygiene	25
Food Premises	26 & 27
Ice Cream Sampling	28
HOUSING	
Slum Clearance Policy	29
Statistics	29
Summary of Inspections	29
Action relating to unfit houses	30
Grants	30
Houses in Multiple Occupation	31
ATMOSPHERIC POLLUTION	31 & 32
WATER	33
SCHOOLS	33
OFFICES, SHOPS AND RAILWAY PREMISES ACT 1963	34
FACTORIES	35
CAMPING	
Licensed Camps	36
South Cliff Caravan Park	36 & 37
Organised Camping	37



BOROUGH OF BRIDLINGTON

ANNUAL
REPORT

of the

Medical Officer of Health

for the Year 1968

including

ANNUAL REPORT

of the

Chief Public Health Inspector

HEALTH COMMITTEE

Chairman:

Alderman F. G. WEBB

Members:

Councillor J. R. BROWN

Councillor S. PEARSON

Councillor W. M. BROWN

(Deputy Chairman)

Councillor Mrs. DISMORE

Councillor D. A. PHILLIPS

Councillor A. C. DUNN

Councillor Miss B. SLACK

Councillor F. T. WATERWORTH

Town Clerk:

S. BRIGGS, LL.B.

PUBLIC HEALTH STAFF

Medical Officer of Health, Port Medical Officer, Divisional Medical Officer
(East Riding County Council):

R. SCHOFIELD, M.D., D.C.H., D.P.H.

Chief Public Health Inspector and Director of Public Cleansing:

W. E. FEATHERSTONE, D.M.A., M.A.P.H.I.

Deputy Chief Public Health Inspector:

J. B. SIDEBOTTOM, M.A.P.H.I.

Additional Public Health Inspectors:

C. JACKSON, M.A.P.H.I., A.R.S.H., R.S.H.

T. C. L. MILLS, M.A.P.H.I., M.R.S.H.

P. G. SHAW, M.A.P.H.I., R.S.H.,
commenced 1st February, 1968.

Student Public Health Inspector:

PAUL S. ROBSON

left 2nd September, 1968.

Clerks, Public Health Department:

(Chief) P. H. WOOD, Misses P. BROWN, E. UNDERWOOD and
M. A. WARDILL.

Health Office,
Oxford Street,
Bridlington.
July, 1969.

To the Mayor, Aldermen and Councillors
of the Borough of Bridlington.

Mr. Mayor, Ladies and Gentlemen,

I have pleasure in presenting the Annual Report for the year 1968.

Vital Statistics

The Registrar General's figures for the year indicate a mid-year population of 26,420, 50 more than in 1967.

During the year there were 339 live births and 556 deaths, compared with 340 births and 468 deaths in 1967. The adjusted birth rate for the Borough of 15.9 compares with the national birth rate of 16.9 per thousand population. The adjusted death rate of 13.0 compares with the national death rate of 11.9 per thousand population. The very high crude death rate in Bridlington (21.0 per 1,000) is due entirely to the high proportion of old people in the population.

The causes of death follow the expected pattern. Nearly two-thirds were due to diseases of the heart and circulation, and a further 15% to cancer. Cancer of the lung and bronchus remains the most common cancer, causing 20 deaths, 4 more than in 1967. 207 deaths, more than one third of the total, were due to two diseases known to be associated with cigarette smoking—lung cancer and ischaemic heart disease. Both these conditions have long been considered to be diseases of men, but the figures indicate that women have the dubious distinction of catching up rapidly.

There were 14 deaths of infants under one year of age, compared with 7 in 1967. Thirteen of the deaths were in the first week of life. Annual fluctuations of this order are to be expected when we are dealing with such small numbers. The five-year average of 9 is close to the expected figure based on national rates.

Measles was again prevalent, 269 cases being notified. It was generally of a mild form and there were no deaths. This disease seems to be losing its former well defined two year cycle. A few cases of infective jaundice occurred in the later part of the year, and it appeared that the epidemic which hit the Driffield area between February and September might be spreading to Bridlington.

Most of the 22 notified cases of Food Poisoning came from a single outbreak at a Private Hotel. During investigation of the outbreak a number of faults in the food handling procedures were detected and appropriate advice given.

Health Services and Public Health Act, 1968

This Act, which received the Royal Assent on 26th July, 1968, is an amending and consolidating Act, designed to remove anomalies, to clarify doubtful points in previous legislation and to bring the law into line with current medical practice.

The principal changes affecting Bridlington are in relation to the notification of infectious diseases. The Public Health (Infectious Diseases) Regulations, 1968, which came into operation on 1st October, introduced

a revised list of notifiable diseases. Among diseases omitted are historical curiosities such as membranous croup, and diseases such as erysipelas which were formerly killers but are no longer serious. Puerperal pyrexia is no longer notifiable; it is rightly considered that the management of this condition is the province of the obstetrician.

A newly-notifiable disease is infective jaundice. The incidence of this disease has been increasing throughout the world in the past 20 years. It is primarily a bowel infection, spread by faulty personal hygiene (i.e. the unwashed hand) either directly or through the vehicle of food. The long incubation period (2 to 7 weeks) and long period of infectivity make control difficult. The usual pattern in the community is for the main outbreak to occur in children at an infant school, with secondary spread within their families. The illness is usually mild and brief in young children, but because of this the child may still be infectious when he returns to school. No exclusion period has yet been decreed, but in my opinion it should be not less than four weeks. Blood donors are a special problem. Anyone who has had infective jaundice is permanently unsuitable for this, and contacts are not allowed to give blood until it is quite certain that they have not been infected.

Readers may be interested to see the full list of notifiable infectious diseases.

Acute encephalitis	Ophthalmia Neonatorum
Acute meningitis	Paratyphoid Fever
Acute poliomyelitis	Plague
Anthrax	Relapsing fever
Cholera	Scarlet fever
Diphtheria	Smallpox
Dysentery (amoebic or bacillary)	Tetanus
Infective Jaundice	Tuberculosis
Leprosy	Typhoid fever
Leptospirosis	Typhus
Malaria	Whooping Cough
Measles	Yellow Fever

Housing

The end of the existing Slum Clearance Programme, as approved by the Council in 1959, was reached with the representation of the North Street (No. 1) Clearance Area in January. This does not mean that there are no more unfit houses in Bridlington, but these are few in number, scattered throughout the town and will be dealt with individually. Three Clearance Orders outstanding at the end of 1967 were confirmed during the year, with modifications. Although the Castle Garth Clearance Order was confirmed, the exclusion of two properties made the demolition of the remainder virtually impossible. In both the Hilderthorpe Road (No. 1) and Nelson Street (No. 1) Compulsory Purchase Orders several properties were changed from "pink" to "grey" by the Ministry. The houses treated in this way were not always those in the best condition.

It is now quite apparent that Ministerial policy has undergone an unannounced change. The emphasis has moved from demolition of unfit houses to repair and improvement. A recent County Court decision suggests that it may be considered reasonable to spend up to half the value of a house on repairs. This expense would have to be born entirely by the owner; grants are available for improvements but not for repairs.

The sole concern of a Medical Officer of Health in dealing with unfit houses is to get rid of them, and it does not matter to me whether this is achieved by repair or by demolition. The cost of repairs must, however, enter into consideration of which course of action to recommend. If the Ministry of Housing and Local Government intends most unfit houses to be repaired, even at a cost which would have been considered unreasonable two or three years ago, this will still satisfy my statutory duty under the Housing Acts. But the implications of this policy for property owners must be considered. The Council may be placed in the unenviable position of having to compel an owner to spend more money than he can afford, possibly incurring a debt, on the property. If this happens, no doubt the Council will get the blame for being hard-hearted. The blame clearly lies elsewhere.

Food Hygiene

The appointment of an additional Public Health Inspector has led to a further increase in the number of inspections of food premises. There were 29 prosecutions for offences under the Food & Drugs Acts and Food Hygiene Regulations. This seems a small number in relation to nearly 2,500 inspections, but it must be remembered that prosecution is the last resort, in the worst cases and usually when the person concerned has not acted on advice. The majority of defects are remedied long before prosecution is considered. Six of the prosecutions concerned mould or foreign matter in food. Foreign matter should never be found in food, and it is our policy to prosecute in all such cases where the facts can be proved in court.

In the course of their duties, the Public Health Inspectors find there is still widespread ignorance of the requirements of food hygiene and of the principles on which these requirements are based. It is difficult to obtain suitable and sufficient staff in the catering trade, particularly in a holiday resort with a considerable seasonal demand. In these circumstances active supervision by the proprietors is particularly important if standards are to be maintained. A visit to some of the better cafes and snack bars in the town in the late afternoon of a Bank Holiday clearly shows the rapid deterioration in standards which can occur when staff are hard pressed.

An anomaly in the present law is that anyone can start a food business without notifying the Local Authority, and in premises which may be totally unsuitable. Insufficient use is made of the advisory service of the Health Department, and anyone contemplating entering the food trade should seek advice as early as possible. This could well save him considerable expense.

The Public Health Inspectors and I are always available to advise on any food hygiene problems. We are building up a film library and are able to offer instruction in food hygiene and related topics to caterers and their staff. We anticipate that most of those who are interested will be permanent staff. If they have a thorough knowledge of the subject they will be in a better position to instruct the seasonal staff.

It is gratifying to see that the Council are giving a lead in the field of food hygiene by getting rid of those prehistoric abominations the beach stalls. These are being replaced by modern permanent kiosks with all the necessary facilities for clean food handling.

Clean Air

In my report for 1967 I outlined the problem of atmospheric pollution as it affects Bridlington. In July, the Chief Public Health Inspector and I presented a report to the Health Committee, and in September the Council decided that smoke control areas should be introduced throughout the Borough. The Ministry of Housing and Local Government stated that they did not object to the drawing up of plans for smoke control but could not approve any expenditure for this purpose. Until the Ministry's attitude changes, we shall only be able to deal with those areas where the houses have been built since 1964 and are therefore already capable of burning smokeless fuel. In addition it will be possible to deal with land zoned for housing to ensure that only smokeless fuel is burned in houses built there in the future. By this means a smokeless ring will be formed around the town, leaving the central polluted area to be dealt with when finance permits.

Mr. Featherstone, in his section of this report, refers to the smoke nuisance caused by burning garden refuse. Not only is this unpleasant and a danger to health, it is also illegal. Every householder in the town has received a leaflet informing him of the Council's collection service for garden refuse. One can only assume that those who persist in lighting bonfires are either unable to read or completely selfish and blind to the distress their objectionable habit causes to others.

Schools

The sanitary accommodation at Moorfield and Burlington Schools has been the subject of numerous complaints to the Department during the year, and the Chief Public Health Inspector submitted a detailed report to the Health Committee in November.

These lavatories have been a standing joke in the town for many years, but the joke is no longer very amusing. One of my School Medical Officers informs me that they appear to be in exactly the same condition as when she attended Moorfield School, and I will not be unkind to her by stating when that was. When the schools were built, lavatories were regarded as dirty, smelly places to be sited as far as possible from other buildings, where they were out of sight and out of mind. They are certainly dirty and smelly to-day, but this is not the fault of the cleaners. It is quite impossible to bring buildings of this type and condition into a satisfactory state of cleanliness. The trivial items of repair and maintenance which are all the lavatories have received over the years are a waste of money. The only satisfactory remedy is to demolish the lavatory blocks at these schools as soon as possible and build modern ablution blocks attached to the main school buildings. When we are compelling the owners of, for example, hotels and factories to improve their sanitary accommodation, is it unreasonable to expect a high standard in our schools? What chance have we to teach children about personal hygiene when they are unable to practise it at school?

Travel Sickness

One of the duties of a Medical Officer of Health is to acquaint himself with any circumstances in his area which may affect the health of the inhabitants. This, of course, embraces a very wide field. In connection with the proposed closure of the Hull—Scarborough railway line, it seemed to me that the health of a sufferer from travel sickness might be adversely affected. I, therefore, investigated the incidence of travel sickness in children attending Bridlington Schools.

In the age group 5—11 years, 20% of children suffer from travel sickness, with no significant difference between boys and girls. This represents a total of about 500 children.

In boys over 11 years, the incidence remains at 20%, but in teenage girls it rises to about 40%. This represents about 230 boys and 460 girls, some of whom live outside the Borough but attend schools here.

In addition, 59 pupils at Bridlington School and Bridlington High School, who travel to and from school daily by train, are sick when travelling by bus or car. If they were unable to travel to school by train their educational future could be seriously jeopardised.

The results of this study were presented in evidence to the Transport Users Consultative Committee at the Public Hearing in November.

Miscellaneous

Water continued to be supplied by the East Yorkshire (Wolds Area) Water Board and was satisfactory in quality and quantity. Sewage disposal continued as in previous years.

In presenting this report I would like to express my thanks to the Staff of my Department for their work during the year, and to the Chairman and Members of the Health Committee for their constant interest and support.

I am,

Yours faithfully,

R. SCHOFIELD,

Medical Officer of Health.

STATISTICS

GENERAL

Area in acres.....	5,701
Population: 1968 Registrar General.....	26,420
Rateable value at 31st March, 1968.....	£1,058,756
Sum represented by a penny rate.....	£4,170
Estimated number of inhabited houses.....	10,266

VITAL

Live Births

Number.....	339
Crude Birth Rate.....	12.8
Adjusted Birth Rate: Comparability factor R.G. 1.24.....	15.9
Illegitimate live births (per cent of total live births).....	8.84

Still Births

Number.....	4
Rate per 1,000 total live and still births.....	11.7

Total live and still births..... 343

Infant Deaths (deaths under 1 year)..... 14

Infant Mortality Rates

Total infant deaths per 1,000 total live births.....	41.2
Legitimate infant deaths per 1,000 legitimate live births...	42.1

Illegitimate infant deaths per 1,000 illegitimate live births 33.3

Neo-natal Mortality Rate (deaths under 4 weeks per 1,000 total live births)..... 38.3

Early Neo-natal Mortality Rate (deaths under 1 week per 1,000 total live births)..... 38.3

Perinatal Mortality Rate (still births and deaths under 1 week combined per 1,000 total live and still births)..... 49.6

Maternal Mortality (including abortion)

Number of deaths.....	—
Rate per 1,000 total live and still births.....	—

Deaths

Number.....	556
Crude Death Rate.....	21.0
Adjusted Death Rate: Comparability factor R.G. 0.62.....	13.0

Deaths from Pulmonary Tuberculosis..... 1

Rate per 1,000 population..... 0.03

Deaths from other forms of Tuberculosis..... —

Rate per 1,000 population..... —

Deaths from Respiratory Disease..... 37

Rate per 1,000 population..... 1.40

Deaths from Heart Disease..... 217

Rate per 1,000 population..... 8.21

Deaths from Cancer..... 88

Rate per 1,000 population..... 3.33

PROVISIONAL STATISTICS—ENGLAND AND WALES

Births

Live Births.....	16.9 per 1,000 population
Still Births.....	14.0 per 1,000 total live and still births

Deaths

Death Rate.....	11.9 per 1,000 home population
Infant Mortality.....	18.0 per 1,000 live births

BIRTHS AND DEATHS

Births, Deaths and Population during last 20 years

Year	No. of Births	No. of Deaths	Population
1949	354	351	24,140
1950	331	383	24,340
1951	324	424	24,750
1952	325	362	24,310
1953	317	354	24,390
1954	312	420	24,470
1955	247	401	24,520
1956	298	414	24,590
1957	278	420	24,780
1958	263	433	24,960
1959	324	432	24,970
1960	371	437	25,500
1961	384	495	25,590
1962	393	437	25,730
1963	375	464	26,000
1964	373	495	26,250
1965	361	496	26,250
1966	354	491	26,370
1967	340	468	26,370
1968	339	556	26,420

CAUSES OF DEATH IN BRIDLINGTON M.B., 1968 (R.G.)

	Males	Females
All causes	249	307
Tuberculosis of Respiratory System	1	—
Other Infective and Parasitic Diseases	—	1
Cancer, Stomach	12	7
Cancer, Lung, Bronchus	13	7
Cancer, Breast	—	5
Cancer, Uterus	—	1
Leukaemia	1	—
Cancer, Other Sites	20	22
Benign and Unspecified Neoplasms	2	3
Diabetes Mellitus	1	2
Other Endocrine Etc. Diseases	—	2
Anaemias	1	1
Other Diseases of Nervous System, etc.	1	3
Chronic Rheumatic Heart Disease	1	3
Hypertensive Disease	3	1
Ischaemic Heart Disease	95	92
Other forms of Heart Disease	9	13
Cerebrovascular Disease	35	86
Other Diseases of Circulatory System	10	9
Influenza	1	1
Pneumonia	5	6
Bronchitis and Emphysema	12	5
Other Diseases of Respiratory System	4	3
Peptic Ulcer	—	2
Appendicitis	—	1
Intestinal Obstruction and Hernia	—	2
Cirrhosis of Liver	—	2
Other Diseases of Digestive System	1	2
Nephritis and Nephrosis	4	—
Hyperplasia of Prostate	2	—
Other Diseases, Genito-Urinary System	1	—
Diseases of Musculo-Skeletal System	—	2
Congenital Anomalies	1	3
Birth Injury, Difficult Labour, Etc.	5	1
Other causes of Perinatal Mortality	1	2
Symptoms and Ill-Defined Conditions	—	4
Motor Vehicle Accidents	2	2
All Other Accidents	3	8
Suicide and Self-Inflicted Injuries	1	3
All Other External Causes	1	—

AGE AND SEX DISTRIBUTION OF DEATHS—1968

	Males	Females	Total
Under one year.....	9	5	14
1- 4 years.....	1	2	3
5-14 years.....	1	—	1
35-44 years.....	6	4	10
45-54 years.....	6	12	18
55-64 years.....	37	25	62
65-74 years.....	79	61	140
75 and over.....	110	198	308
	—	—	—
	249	307	556
	—	—	—

INFANTILE DEATHS

Cause of Death	Under 1 week	1 to 2 weeks	2 to 3 weeks	3 to 4 weeks	Total under 4 weeks	1 to 3 months	3 to 6 months	6 to 9 months	9 to 12 months	Total deaths under one year
Congenital Anomalies.....	1	—	—	—	1	1	—	—	—	2
Other forms of Heart Disease.....	1	—	—	—	1	—	—	—	—	1
Pneu monia.....	1	—	—	—	1	—	—	—	—	1
Birth Injury, Difficult Labour, etc.....	6	—	—	—	6	—	—	—	—	6
Other causes of Perinatal Mortality.....	3	—	—	—	3	—	—	—	—	3
All Other Accidents.....	1	—	—	—	1	—	—	—	—	1

INFANTILE MORTALITY RATE 1958—1968

Year	Number of Deaths	Rate per 1,000 live births
1958	4	15.2
1959	5	15.4
1960	7	18.9
1961	14	34.5
1962	9	22.9
1963	7	18.67
1964	12	32.17
1965	7	19.39
1966	6	16.95
1967	7	20.58
1968	14	41.2

INFECTIOUS DISEASES

INFECTIOUS DISEASES NOTIFIED DURING 1968

NOTIFIABLE DISEASES	Under 1 year	1 to 4 years	5 to 14 years	15 to 24 years	25 to 44 years	45 to 64 years	Over 65 years	Age unknown	Total Deaths
Dysentery	—	1	—	—	—	—	—	—	—
Meningococcal Infection...	—	—	1	—	—	—	—	—	—
Scarlet Fever	—	1	1	—	—	—	—	—	—
Measles	6	134	128	—	1	—	—	—	—
Food Poisoning	—	—	—	—	1	—	21	—	—
Infective Jaundice	—	1	9	1	2	1	1	—	—

INFECTIOUS DISEASES NOTIFIED 1958—1968

	1958	1959	1960	1961	1962	1963	1964	1965	1966	1967	1968
Dysentery	—	2	—	—	1	—	—	1	—	2	1
Erysipelas	—	—	1	—	—	—	—	—	—	1	—
Food Poisoning	—	—	—	3	—	—	—	—	—	—	22
Measles	59	290	9	377	7	283	21	174	34	174	269
Meningococcal Infection...	—	—	—	—	1	—	—	—	—	—	1
Paratyphoid Fevers	—	—	—	—	—	—	—	—	—	—	—
Pneumonia	20	6	7	4	1	—	1	—	1	—	—
Poliomyelitis (Paralytic)...	1	1	—	—	1	—	—	—	—	—	—
Scarlet Fever	6	26	9	8	—	1	1	2	2	—	2
Whooping Cough	3	7	14	2	—	3	5	—	—	3	—
Infective Jaundice	—	—	—	—	—	—	—	—	—	—	15

TUBERCULOSIS

The Register of Tuberculosis for the year is as follows:—

	Pulmonary		Non-Pulmonary		Total
	Males	Females	Males	Females	
Number of cases on the Register at 31st December, 1967	107	68	5	9	189
Added to the Register:					
(a) Cases notified for the first time during the year	2	—	—	1	3
(b) Un-notified cases brought to notice otherwise than by formal notifications	—	—	—	—	—
(c) Inward transfers	—	1	—	—	1
Removed from the Register on account of death, change of address, etc...	—	—	—	—	—
Number of cases on the Register at 31st December, 1968	109	69	5	10	193

GENERAL PROVISION OF HEALTH SERVICES FOR THE AREA

HOSPITAL SERVICES

The hospitals in the town are under the Scarborough, Bridlington and Whitby Group of the Leeds Regional Hospital Board and are as follows:—

Avenue Hospital

This hospital has 21 maternity, 17 acute medical, 10 post operative, 10 geriatric beds and 8 special care baby cots. During the year there were 541 live births. 7 chronic, 220 medical and 205 surgical patients were admitted.

Ante and post natal clinics are also held at this hospital.

Lloyd Hospital

This is a small general hospital, and a summary of the work carried out during the year is as follows:—

Total admissions, 1,605. Out-patient Clinics, 3,942 new patients with 11,782 attendances. X-ray Department, 4,791 attendances. Physiotherapy Department, 713 new patients with 11,663 attendances. Accident and Emergency, 8,577 new patients with 19,073 attendances. Operations, 1,405.

Bempton Lane

This hospital has 72 geriatric beds, and during the year 158 patients were admitted.

Miniature Mass Radiography

The Miniature Mass Radiography Unit of the Leeds Regional Hospital Board visited the Grand Pavilion Car Park twice monthly from the 1st April, 1968. This is a Mobile Unit and attends on the second and fourth Tuesdays from 10.45 a.m. to 11.15 a.m. 844 persons were examined during 1968.

NURSING HOMES

There are two Nursing Homes on the Borough Register.

NATIONAL ASSISTANCE ACT, 1948

Part III Accommodation

Accommodation is provided by the County Council at Burlington House and Danes Lea. These two homes together have beds for 114 elderly persons.

Section 47

It was not necessary to take proceedings under this section during the year.

LOCAL HEALTH AUTHORITY SERVICES — NATIONAL HEALTH SERVICE ACT, 1946

The following services are provided in the Borough by the East Riding County Council as the Local Health Authority:—

Infant Welfare Clinics

The Oxford Street Infant Welfare Clinic is held every Monday and Thursday afternoons, and attendances during the year were as follows:—

By infants under 1 year of age.....	2,229
By children 1 to 5 years.....	476

The Infant Welfare Clinic held at the Church Centre, West Hill, closed at the end of February. Attendances for the first two months of 1968 are as follows:—

By infants under 1 year of age.....	3
By children 1 to 5 years	1

Domiciliary Midwifery Service

During the year the three Nurse/Midwives residing in the Borough attended 5 domiciliary births.

Health Visiting

Four Health Visitors work in the Bridlington area from the Divisional Health Office, Oxford Street (telephone number 5381).

Home Nursing Service

This service is run in conjunction with the Domiciliary Midwifery Service and six Nurses (three of whom are also Midwives) reside and work in the Borough.

Ambulance Service

The County Council's Ambulance Station is situated in St. John Street (telephone number 2421).

Domestic Help

Home Help service which is rendered in the Borough is administered at County Hall, Beverley and all applications for the service are dealt with by the Home Help Organiser (telephone number 0482 881281).

LOCAL EDUCATION AUTHORITY — SCHOOL HEALTH SERVICES

Routine medical inspections are carried out of all children attending Local Education Authority schools in the Borough. In addition the following facilities are provided at the County Council's Oxford Street premises.

Minor Ailment Clinic.....	Daily 9 a.m. to 9.30 a.m.
Dental Clinic.....	Daily by appointment.
Speech therapy.....	One weekly session.

OTHER LOCAL AUTHORITY SERVICES

Buckrose Health Division Co-ordinating Committee

Once every two or three months a Co-ordinating Committee, under the aegis of the County Council, meets in Bridlington to co-ordinate the work of Officers in the District who are concerned with the welfare of children. The primary objects of the Committee are the prevention of cruelty to children in their own homes and the prevention of break-up of families.

On the Committee are representatives of the County Children's Department, the County Health Department, the School Welfare Department, the County Welfare Department, the Housing Managers of the District Councils, the National Assistance Board, the National Society for the

Prevention of Cruelty to Children, the Women's Royal Voluntary Service, Probation Officers and a Marriage Guidance Counsellor. Representatives of other organisations are co-opted from time to time as the need arises. Your Medical Officer of Health in his capacity as Divisional Medical Officer takes the chair of the Committee.

PUBLIC HEALTH LABORATORY SERVICE

Specimens for bacteriological examination are sent to the Public Health Laboratory of the Medical Research Council at Hull.

VOLUNTARY ORGANISATIONS

British Red Cross

The British Red Cross Society, acting as agents for the County Council, provide a service for the loan of nursing requisites which may be needed for temporary periods for sick persons being nursed in their own homes. In Bridlington the Depot for these requisites is under the control of Miss Rowe, Divisional Headquarters, 33 South Back Lane.

Women's Royal Voluntary Service

The W.R.V.S. provide numerous services in the Borough, which includes:

Meals on wheels

Good neighbour services

Darby and Joan Clubs

Trolley shop at Avenue Hospital and Burlington House

Assistance with renewal of batteries for deaf aids

Clothing in cases of need or emergency

Canteen Service at Lloyd Hospital for out-patients

Family Planning Association

The Family Planning Association hold a clinic each Wednesday from 7 p.m. to 8 p.m. at the Oxford Street Premises.

Cervical Cytology

East Riding County Council hold a cervical cytology session at the Oxford Street Clinic when required.

National Society for the Prevention of Cruelty to Children

Bridlington lies within the North East Yorkshire Branch of the National Society for the Prevention of Cruelty to Children and cases requiring the services of the Society were visited by Inspector White until he retired in August, 1968, Inspector Fitton, working from Scarborough, commenced duties in August/September, 1968, and his work is much appreciated by those of us in the area concerned with child welfare.

ANNUAL REPORT OF PORT HEALTH AUTHORITY FOR 1968

The Port of Bridlington is not a Food Importing Port, nor is there any Passenger Traffic.

SECTION I—STAFF

TABLE A

Name of Officer	Nature of Appointment	Date of Appointment	Qualifications	Any other appointments held
R. Schofield	Medical Officer of Health	1.7.1967	M.D. D.C.H. D.P.H.	Divisional Medical Officer and Divisional School Medical Officer, East Riding County Council
Address and telephone number of the Medical Officer of Health		Health Office, Oxford Street, Bridlington. Telephone number 5381.		

SECTION II

AMOUNT OF SHIPPING ENTERING THE DISTRICT DURING THE YEAR

TABLE B

Ships from	Number	Net Tonnage	Number Inspected		Number of ships reported as having or having had during the voyage infectious diseases on board
			By the M.O.H.	By P.H. Inspector	
Foreign Ports.....	15	2,066	—	—	—
Coastwise.....	—	—	—	—	—
Foreign Fishing Craft (mainly for shelter).....	4	—	—	—	—
Total.....	19	2,066	—	—	—

SECTION III

CHARACTER OF SHIPPING AND TRADE DURING THE YEAR

TABLE C

Passenger Traffic.....	Number of passengers INWARDS.....	Nil
	Number of passengers OUTWARDS.....	Nil
Cargo Traffic.....	Principal IMPORTS.....	Potash
	Principal EXPORTS.....	Nil

Principal Ports from which ships arrive.....Wismar and Hamburg

SECTION IV

INLAND BARGE TRAFFIC

Numbers and tonnage using the district and places served by the traffic.....Nil

SECTION V

WATER SUPPLY

- | | |
|--|--------------|
| (1) Source of supply for (a) the district, and (b) shipping | Town |
| (2) Reports of tests for contamination | None taken |
| (3) Precautions taken against contamination by hydrants and hosepipes . . | Satisfactory |
| (4) Number and sanitary condition of water boats, and powers of control by the Authority | Nil |

SECTION VI

PUBLIC HEALTH (SHIPS) REGULATIONS 1952

(1) List of Infected Areas (Regulation 6)

Arrangements for the preparation and amendment of the list, the form of the list, the persons to whom it is supplied, and the procedure of supplying it to those persons

Nil

(2) Radio Messages

(a) Arrangements for sending permission by radio for ships to enter the district (Regulation 13)

Through Humber Radio and normal telephone (link).

(b) Arrangements for receiving messages by radio from ships and for acting thereon (Regulation 14(1) and (2))

Via Harbour Master

(3) Notifications otherwise than by Radio (Regulations 14(1) (b)).

Arrangements for receiving notifications otherwise than by radio and for acting thereon

Via Harbour Master

(4) Mooring Stations (Regulations 22 to 30)

Situation of stations, and any standing directions issued under these Regulations

Under direction of Harbour Master

(5) Arrangements for:—

- (a) Hospital accommodation for infectious diseases (other than smallpox—see Section VII)
- (b) Surveillance and follow-up of contacts
- (c) Cleansing and disinfection of ships, persons, clothing and other articles

Provided by Leeds Regional Hospital Board
Medical Officer of Health

Health Department

SECTION VII

SMALLPOX

(1) Name of Isolation Hospital to which smallpox cases are sent from this district

Castle Hill Infectious Diseases Hospital, Cottingham.

(2) Arrangements for transport of such cases to that hospital by ambulance giving the name of the Authority responsible for the ambulance and the vaccinal state of ambulance crews

East Riding County Council
Vaccinal state satisfactory

(3) Name of smallpox consultant available

Dr. S. Jamieson,
Castle Hill Hospital, Cottingham, and Dr. A. Hutchison, Guildhall, Kingston-upon-Hull

(4) Facilities for laboratory diagnosis of smallpox . . .

In accordance with Part III of the Ministry of Health Scottish Home and Health Department Medical Memorandum on the diagnosis of smallpox.

SECTION VIII

VENEREAL DISEASES

Information as to the location, days and hours of the available facilities for the diagnosis and treatment of venereal disease among merchant seamen under international arrangements, including in-patient treatment and the steps taken to make these facilities known to seamen.....

Mill Street Clinic, Health Department, Kingston-upon-Hull 10 a.m. to 12 noon Monday to Friday, 5 p.m., to 6 p.m. Monday, Tuesday, Thursday and Friday, and 5 p.m. to 7 p.m. Wednesday.

St. Mary's Hospital, Scarborough 3.30 p.m. to 6 p.m. Tuesday.

SECTION IX

CASES OF NOTIFIABLE AND OTHER INFECTIOUS DISEASES ON SHIPS

TABLE D

Category	Disease	Number of cases during the year		Number of ships concerned
		Passengers	Crew	
Cases landed from ships from foreign ports.....	—	—	—	—
Cases which have occurred on ships from foreign ports but have been disposed of before arrival.....	—	—	—	—
Cases landed from other ships.....	—	—	—	—

A short account should be given of the measures taken on arrival by ship of:—

- (a) Any cases of smallpox, cholera, plague, yellow fever, typhus or relapsing fever included in Table D.....
- (b) Any suspected case of any such disease.....

There were no such cases.
No suspected cases.

SECTION X

OBSERVATIONS ON THE OCCURRENCE OF MALARIA IN SHIPS

No cases notified.

SECTION XI

MEASURES TAKEN AGAINST SHIPS INFECTED WITH OR SUSPECTED FOR PLAGUE

No infected or suspected ships arrived.

SECTION XII

MEASURES TAKEN AGAINST RODENTS IN SHIPS FROM FOREIGN PORTS

- (1) Procedure for inspection of ships for rats.....
- (2) Arrangements for the bacteriological or pathological examination of rodents, with special reference to rodent plague, including the number of rodents sent for examination during the year.....
- (3) Arrangements in the district for de-ratting ships, the methods used, and if done by a commercial contractor, the name of the contractor.....
- (4) Progress in the rat-proofing of ships.....

By Public Health Inspector
Specimens submitted to
Public Health Laboratory
Service, Kingston-upon-Hull.
Nil rats examined.

Poisons—Trapping by Local
Authority Rodent Operative.
Nil.

TABLE E
RODENTS DESTROYED DURING THE YEAR IN SHIPS FROM
FOREIGN PORTS

Category	Number
Black rats.....	Nil
Brown rats.....	Nil
Species not known.....	Nil
Sent for examination.....	Nil
Infected with plague.....	Nil

TABLE F
DE-RATTING CERTIFICATES AND DE-RATTING EXEMPTION
CERTIFICATES ISSUED DURING THE YEAR FOR SHIPS FROM
FOREIGN PORTS

No. of De-ratting Certificates issued				No. of De-ratting Exemption Certificates issued	Total Certificates issued
After fumigation with	After Trapping	After Poisoning	Total		
Nil	—	—	—	—	—

SECTION XIII
INSPECTION OF SHIPS FOR NUISANCES

TABLE G
INSPECTIONS AND NOTICES

Inspections		Notices served		Result of serving Notices
Nature	No.	Statutory Notices	Other Notices	
Nil	—	—	—	—

SECTION XIV
PUBLIC HEALTH (SHELL-FISH) REGULATIONS, 1934 & 1948

Information respecting any shell-fish beds or layings within the jurisdiction of the Authority stating whether they are, in the opinion of the Medical Officer of Health, liable to pollution. A report of any action taken, which should state whether any prohibited area has been prescribed, should be included.....

No shell-fish layings

SECTION XV
MEDICAL INSPECTION OF ALIENS (APPLICABLE ONLY TO PORTS
APPROVED FOR THE LANDING OF ALIENS)

Not applicable.

SECTION XVI
MISCELLANEOUS

Arrangements for the burial on shore of persons who have died on board ship from infectious disease.....

By Parks and Gardens Department on behalf of the Bridlington Borough Council.

**ANNUAL REPORT OF CHIEF PUBLIC HEALTH
INSPECTOR AND DIRECTOR OF PUBLIC CLEANSING
FOR THE YEAR 1968**

Health Department,
Town Hall,
Bridlington.

To the Mayor, Aldermen and Councillors
of the Borough of Bridlington.

Mr. Mayor, Ladies and Gentlemen,

I have pleasure in presenting my Annual Report for 1968 which covers the whole range of public health duties which is now placed upon the department.

The past year has been a very busy one, particularly in the field of housing, where we completed the slum clearance programme as drawn up by the Health Committee and Council in 1959. Several decisions made by the Minister of Housing and Local Government following Compulsory Purchase Order procedure caused a great deal of concern in that there was a good deal of evidence to suggest a change in housing policy, with much more emphasis being placed on improvement regardless of cost, which will have the effect of slowing down or halting the clearance of many unfit properties throughout the country. Fortunately this un-announced policy change will not seriously affect this department in view of the fact that we have no future slum clearance as such. The programme which we have put before the Health Committee is essentially concerned with the rehabilitation of properties in proposed conservation and improvement areas.

From the body of the report it will be observed that we have been stepping up the number of visits to all types of premises and also extending the range of our duties with the advent of new legislation. During the year many difficulties and problems have been faced with resolution and courage and for that I must thank the Chairman and each member of the Health Committee who have at all times given me their fullest support. I have always received the fullest co-operation and help from all Chief Officers and it is to them that I extend my thanks. In addition I would also mention that without the individual efforts of all the members of my staff this report would not be possible.

I am,

Yours faithfully,

W. E. FEATHERSTONE.

Chief Public Health Inspector
and Director of Public Cleansing

PUBLIC HEALTH INSPECTIONS

INSPECTIONS CARRIED OUT BY PUBLIC HEALTH INSPECTORS

NUMBER OF INSPECTIONS FOR ALL PURPOSES

Environmental Health	3,880
Housing inspections	1,719
Food inspections	2,448
Shops Act inspections (Closing hours, etc.)	6
Factory inspections	63
Offices, Shops and Railway Premises Act inspections	220
Miscellaneous visits	802
<hr/> Total	<hr/> 9,138

NOTICES SERVED

Preliminary Notices served	229
Preliminary Notices complied with	83
Statutory Notices served	23
Statutory Notices complied with	15

SUMMARY OF PUBLIC HEALTH INSPECTIONS

Animal Boarding Establishments	3
Camping Grounds	326
Civic Amenities Act	230
Dangerous Buildings	5
Ditches and Watercourses	83
Drains and Sewers	427
Dustbins	96
Dwelling Houses	235
Dwelling Houses Re-inspections	218
Hairdressers	8
Keeping of Animals	20
Litter Act	6
Miscellaneous Visits	1,102
Moveable Dwellings	104
Noise Nuisance	71
Offensive Accumulations	169
Offensive Smells	20
Offensive Trades	3
Pet Animals Act	13
Piggeries	17
Public Conveniences	71
Refuse Collection	99
Refuse Disposal	127
Riding Establishments Act	57
Rodent Control	165
Schools	25
Scrap Metal Dealer	11
Street Cleansing	81
Verminous Premises and Disinfestation	69
Water Supply	3
Yards and Passages	16
<hr/> Total	<hr/> 3,880

DRAINAGE

Total number of obstructed drains and water closets	Found 445	Remedied 404
---	--------------	-----------------

DISINFECTIONS AND DISINFESTATIONS

During the year 55 visits were made to premises for the purposes of carrying out treatments for vermin and other pests. The visits made were less than half the number for the previous year, the reason for this is difficult to explain fully, however one factor which does have some bearing on the matter was the rather poor summer which certainly reduced the number of complaints regarding other pests.

Last year I commented on the lack of facilities for cleansing verminous bedding, clothing and other personal effects. I regret to say that nothing has been done to remedy this unsatisfactory situation and that I find it most difficult when we are trying to help those aged persons who wish to live alone and look after themselves. With such a high percentage of retired and aged persons living in the town it is inevitable that we will be asked by health visitors, child care officers and other social workers for help when dealing with people residing in dirty and verminous premises.

With the impending reorganisation of Portland Place depot I feel we should find a site for a small cleansing station in order that we can give help quickly to those people who very often have very few friends and have only the local authority's services to turn to.

Ants	4
Bees	8
Bedbugs	1
Beetles	1
Clover Mites	1
Cockroaches	6
Earwigs	4
Flies	2
Fleas	1
Wasps	26
Woodlice	1
<hr/>	
Total	55

PREVENTION OF DAMAGE BY PESTS ACT 1949

Summary of Action Taken

Properties other than Sewers	Type of Property	
	Non-Agricultural	Agricultural
1. Number of properties in district...	12,545	39
2. (a) Total number of properties (including nearby premises) inspected following notification.....	127	—
(b) Number infested by (i) Rats ..	98	—
(ii) Mice ..	29	—
3. (a) Total number of properties inspected for rats and/or mice for reasons other than notification.....	—	21
(b) Number infested by (i) Rats ..	—	21
(ii) Mice ..	—	—

PET ANIMALS ACT 1951

Four premises are licensed in respect of the Act and regular inspections are made before all licences are renewed. During the year, and particularly the holiday season, re-inspections are made to ensure that animals are well cared for and to ensure that there are no infringements of the licensing conditions.

THE ANIMAL BOARDING ESTABLISHMENTS ACT 1963 THE RIDING ESTABLISHMENTS ACT 1964

At the present time four premises are licensed in accordance with the Riding Establishments Act 1964. There are difficulties when inspecting licensed premises, mainly because horses are not kept within the borough other than during the holiday season. The veterinary surgeon now carries out his inspections during the months of July and August. In my report last year I did mention the fact that the provisions of the Act are rather weak in that the standards required leave much to be desired. This situation has not altered and I feel that until such times as we have regulations relating to the type of structures where animals are housed and also requiring that adequate drainage facilities be required, then we shall make little or no progress.

There are no premises licensed under The Animal Boarding Establishments Act 1963 but I am still of the opinion that we shall be registering within the near future such premises.

FOOD CONTROL

Slaughterhouses

Some 10,540 animals were slaughtered in the Borough during the year which showt a decrease of 30 animals over the previous year. The number of animals slaughtered as the private slaughterhouse also decreased by 103. A full 100% meat inspection service was maintained throughout the year. It is hard to account for the decrease in the number of animals slaughtered within the Borough, however one must not forget that during the year the price of meat generally was quite high and we have found that people now are turning more and more to poultry because at the present time it is very reasonably priced and market research has shown that this tendency will continue.

There is now a possibility that the Corporation shall be able to purchase the slaughterhouse. Whilst this is a most desirable step I should like to point out that we should not hide the fact that if we do acquire such premises then we shall be faced with considerable works to bring them up to modern standards. It has been known for some considerable time that the layout and structure of the building leave much to be desired. In addition the heating apparatus is now at the end of its useful life and will require replacement at the earliest opportunity. The slaughterhouse itself is inspected regularly by veterinary surgeons from the Ministry of Agriculture, Fisheries and Food who do very often make recommendations and have on occasions expressed the opinion that the premises leave much to be desired as far as layout is concerned. From the observations they have made it is my opinion that such problems can only be overcome by completely re-building the slaughterhouse.

The Meat and Livestock Commission was set up in accordance with the provisions of the Agricultural Act 1967 whose general duty was to promote greater efficiency in the livestock and livestock products industry. In carrying out their functions the Commission must have regard to the interests of the consumer as well as that of industry. From such terms of reference it may well be that we shall soon see a move towards the centralisation of slaughtering whereby one slaughterhouse would be able to serve a large conurbation or geographical area. This step would seem a desirable one as I have received information which suggests that a large number of slaughterhouses in the country are running at a loss and are a financial burden to the ratepayers. Centralisation presumably could reduce such a burden and possibly they could become a viable economic proposition for those authorities who operate them.

This would rule out any major reconstruction works as far as we are concerned and I feel that at this stage we should concentrate on renewing the heating system and make sure that the fabric of the building is maintained in a reasonable condition.

Total number of visits to slaughterhouses by Public Health Inspectors

798

MEAT INSPECTION

Carcases inspected and condemned	Cattle excluding Cows	Cows	Calves	Sheep and Lambs	Pigs
Number killed	1,355	—	14	5,821	3,350
Number inspected	1,355	—	14	5,821	3,350
Tuberculosis only:					
Whole carcasses condemned	—	—	—	—	1
Carcasses of which some part or organ was condemned	1	—	—	—	30
Percentage of number inspected affected with Tuberculosis07	—	—	—	.9
All Diseases except Tuberculosis:					
Whole carcasses condemned	—	—	—	1	1
Carcasses of which some part or organ was condemned	355	—	1	168	948
Percentage of number inspected affected with disease other than Tuberculosis	26.2	—	7.15	2.9	28.32

Unsound Meat Condemed	Tons	Cwt.	Qrs.	lbs.
Tuberculosis only:				
Whole carcasses condemned	—	—	3	20
Carcasses of which some part or organ was condemned	—	3	2	17
Total Weight	—	4	2	9
All Diseases except Tuberculosis:				
Whole carcasses condemned	—	1	3	19
Carcasses of which some part or organ was condemned	3	12	1	9
Total Weight	3	14	1	—
Tuberculosis and Non-Tuberculosis:				
Total Weight	3	18	3	9

Incidence of Cysticercus Bovis	
Number of animals affected	10
Head	5
Heart Muscle	6
Percentage of animals affected with Cysticercus Bovis	.73

Organs Involved

	Beasts	Calves	Sheep	Pigs
Tuberculosis only				
Heads and Tongues.....	1	—	—	30
All Diseases except Tuberculosis:				
Heads and Tongues.....	10	—	1	7
Livers.....	189	—	36	304
Part Livers.....	136	—	1	—
Lungs.....	34	1	145	782
Kidneys.....	2	—	1	11
Udders.....	—	—	1	7
Hearts.....	8	—	8	214
Spleens.....	—	—	1	2
Stomachs.....	1	—	1	2
Intestines.....	—	—	1	5
Other carcase meat.....	—	—	1	18

OTHER FOODS

Other Foods examined in premises other than slaughterhouses and found to be unfit for human consumption.

	Tins	Tons	Cwts.	Qrs.	lbs.	ozs.
Tinned Foods.....	487	—	7	1	5	11½
Open Foods.....		2	9	—	5	13¼
Total Weight.....		2	16	1	11	8¾

In addition 45 meat pies, 103 trays fruit, 1 box grapes and 366 jars, bottles and packets of foodstuffs were condemned.

Percentage of Food Animals with Tuberculosis

	1964	1965	1966	1967	1968
Cattle (excluding Cows).....	0.06	0.4	0.07	0.13	0.07
Cows.....	—	—	—	—	—
Calves.....	—	—	—	—	—
Pigs.....	1.00	0.64	1.34	0.66	0.9

Summary of Carcases Inspected

	1964	1965	1966	1967	1968
Cattle (excluding Cows).....	1,590	1,468	1,382	1,508	1,355
Cows.....	1	—	—	6	—
Calves.....	14	3	2	22	14
Sheep.....	4,550	4,296	4,845	5,857	5,821
Pigs.....	2,913	2,790	2,821	3,177	3,350
Totals.....	9,068	8,557	9,050	10,570	10,540

FOOD HYGIENE

General

During the year we increased the number of inspections to all types of food premises and I am certain that this has had the desired effect in that more people are now giving far more thought and attention to the design and construction of food preparation rooms. It is my intention to go on increasing the number of visits to such premises in order that we can ensure that the standard of hygiene which obtains in each and every premises in the town is of the highest order. The prime function of this department is to ensure that all premises on which food is sold, prepared, or manufactured is constructed and kept in such a state of repair that it can be effectively cleansed at all times. It is also the duty of the public health inspectors to give instruction to food handlers on the necessity to maintain a high state of personal hygiene in order that there is no risk of any infection being passed on to either other members of the staff at their place of employment or to the general public. It is not generally realised by the majority of proprietors of food premises within the town that the public health inspectors are here to advise them on how to cope with the requirements of the Food Hygiene Regulations and not merely to enforce them. I feel that not enough use is made of the inspectors' technical knowledge, one finds that people only seek the advice of inspectors when they have explored every other means available which has resulted very often, in needless expense and inconvenience. If the problems which are facing the catering industry are to be overcome I feel sure that this can only be achieved if there is a far greater degree of co-operation between those employed in the catering industry and the public health inspectorate. I feel sure that a lot of progress can be made if we get together to discuss problems of mutual interest.

One of the major difficulties which is facing the food industry is the recruitment of suitable staff, no doubt a lot of these difficulties arise very often from the fact that hours can be long, irregular and in some cases involve shift work. After talking to many people in the town who are responsible for catering premises I fully realise that they are having great difficulties in engaging the proper type of labour for cleaning, cooking and selling food. This in many cases places a tremendous burden on the supervisory staff who very often have difficulty in getting such staff that are available to understand the basic principles of good hygiene. Whilst I sympathise with all the difficulties that I have outlined, it is my duty nevertheless to ensure that a high standard of hygiene is maintained at all premises and it is also the responsibility of each proprietor to ensure that each member of his staff receives adequate supervision. The success of any business rests to a great deal on the type and quality of supervision at each establishment and despite the difficulties referred to I am of the opinion that there is every possibility of overcoming staff deficiencies by ensuring that there are daily checks on all members of staff to ensure that they are carrying out all approved procedures.

The programme for removing all beach stalls and replacing them with properly constructed kiosks is now going on quite rapidly and I am now in a position to assess what I consider are the benefits provided by the two kiosks which were in use throughout the holiday season. The proprietors operating the kiosks have been fully satisfied with the accommodation provided because they have modern and completely self-contained units having all the essential facilities. The holidaymakers and the residents of Bridlington have not been slow to pass comment on the new premises and from talking to the proprietors I have received the information that there is nothing but praise for the facilities which they now have at their disposal. I feel certain that the decision to construct a further kiosk at Lime Kiln Lane is the right one as this part of the town is attracting more and more visitors and is certainly going to develop over the next few years.

At the present time I am trying, along with the Medical Officer of Health, to establish a film library in order that we can offer instruction to all those engaged in the catering industry in the town and particularly the members of their staff on the question of food hygiene and personal cleanliness. Lectures could start this forthcoming winter and I feel sure that if adequate publicity is given to this matter it will receive general support throughout the town as it could do nothing but good and would at least provide a platform for discussion between the public health inspectorate and those engaged in the catering industry.

FOOD PREMISES

Number of Types of Food Premises in the Borough

Bakehouses	28
Butchers	30
Confectionery Shops	86
Crab Dressers and Boilers	5
Fried Fish Shops	23
Greengrocery Shops	24
Grocery Shops	76
Hotels and Boarding Houses	615
Ice Cream Manufacturers	12
Licensed Premises	53
Markets	1
Market Stalls	21
Restaurants, Cafes and Snack Bars	80
School Canteens	7
Slaughterhouses	2
Wet Fish Shops	13
Total	1,076

Premises Registered under the Food and Drugs Act, 1955

Butchers registered for manufacture of meat products	27
Crab Dressers and Boilers	5
Preserved Food Manufacturers (other than Butchers)	29
Ice Cream Vendors	186
Ice Cream Manufacturers	12
Inspections of Registered Food Premises	277

Summary of Inspections of Food Premises

Bakehouses	127
Butchers Shops	111
Canteens	5
Confectionery Shops	81
Dairies—processing plants	6
Fried Fish Shops	27
Grocery Shops	72
Greengrocery Shops	84
Hospitals	2
Hotels and Boarding Houses	88
Ice Cream—manufacturing	24
Ice Cream—storage and sale	97
Licensed Premises	47
Markets/Stalls	1,091
Milk Shops	16
Mineral Water Manufacturer	1
Mixed Shops	6
Mobile Vehicles	8
Prepared and Potted Meats	1
Restaurants, Cafes and Snack Bars	399
Slaughterhouses	2
Supermarkets	19
Wet Fish Shops	18
*Food and Drugs Act Enquiries	36
Unsound Food	80
Total	2,448
*Including food poisoning and foreign bodies	

Foreign Matter and Mould

Commodity	Foreign Matter		Mould
	Number		Number
	Home produced food	Imported food	
Milk.....	—	—	—
Butter.....	1 (Cardboard)	—	—
Cheese.....	—	—	—
Bread.....	1 (fly)	—	1
Canned meat.....	—	—	—
Cooked meat.....	—	—	—
Meat pies.....	—	—	3
Fish.....	—	—	—
Fruit.....	—	—	—
Jam.....	—	—	—
Vegetables....	—	—	—
Cereals.....	—	—	—
Sweets.....	—	—	—
Confectionery.....	—	—	—
Other food— Lime/Lemonade..	1 (Bleach)	—	—
Sausage.....	1 (Panel Pin)	—	—
Totals.....	4	—	4
Number of prosecutions under Section 2.....			6
Number of prosecutions under Section 8.....			—
Total amount of Fines and Costs imposed.....			£85

Food Hygiene (General) Regulations 1960

	Number	
	Prosecutions	Convictions
General requirements.....	19	19
Requirements relating to persons engaged in the handling of food.....	1	1
Requirements relating to food premises.....	3	3
Totals.....	23	23
Total Fines and Costs.....	£230	
Number of premises disqualified.....	—	
Periods of disqualification.....	—	

Food Hygiene (Markets, Stalls and Delivery Vehicles) Regulations 1966

	Number	
	Prosecutions	Convictions
General requirements.....	—	—
Requirements relating to food handlers and the handling of food.....	—	—
Requirements relating to markets and stalls and delivery vehicles.....	—	—
Totals.....	—	—
Total Fines and Cost.....	—	

ICE CREAM SAMPLING

No. Taken	Grades			
	1	2	3	4
148	64	29	38	17
%	43.2	19.6	25.7	11.5

Summary of the Result of the Examination of Ice Cream Samples					
Month	Grade 1	Grade 2	Grade 3	Grade 4	Totals
January.....	—	—	—	—	—
February.....	—	—	—	—	—
March.....	—	—	—	—	—
April.....	—	—	—	—	—
May.....	—	—	—	—	—
June.....	12	3	3	3	21
July.....	28	6	2	4	40
August.....	10	9	19	7	45
September.....	14	10	8	3	35
October.....	—	1	6	—	7
November.....	—	—	—	—	—
December.....	—	—	—	—	—
Total.....	64	29	38	17	148

Ice Cream Manufacturers.....	12
Ice Cream Vendors.....	186
Number of Visits made to Ice Cream Premises.	121

HOUSING (SLUM CLEARANCE) POLICY

I am pleased to say that the slum clearance programme as drawn up and approved by Council in December 1959 has now been completed as far as this department is concerned. There are of course some families awaiting re-housing but there is likely to be some delay owing to the demand which is now being made for new housing as it becomes available generally. During the year we had what appeared to be an unannounced change of policy on the part of the Ministry of Housing and Local Government which was in effect expressed by the Minister's Inspector's decisions when dealing with properties in proposed Compulsory Purchase Orders submitted by the Council. There was ample evidence to suggest that every attempt was being made to slow down slum clearance generally throughout the country with more emphasis being placed on the improvement of properties. This in itself is desirable in certain cases, however I feel that some of the conclusions drawn by Ministry Inspectors were hard to reconcile with the previous policy adopted by the Ministry of Housing. This change of policy on the part of the Ministry caused the Health Committee a great deal of concern and consequently the Committee had to re-appraise the whole question of slum clearance and the improvement of houses generally throughout the town.

The only areas where there is a housing repair problem are the High Street, Market Place area, Bessingby Village and Sewerby Village. A report was submitted to the Health Committee in June regarding these areas along with recommendations for dealing with each property where action was necessary. The Committee and Council subsequently accepted this future housing programme which placed great emphasis on the desirability of improving the properties wherever possible and to accept undertakings from each respective owner. To date little progress has been made in these areas primarily because the government announced that it was their intention to bring forward a new Housing Bill which would offer, amongst other things, increased payments on properties where improvement grants were now being given. Another factor why little progress has been made in the older parts of the town is due entirely to the fact that those premises on which there are "Closing Orders" are not eligible for improvement grants. This policy is negative in conception and I sincerely hope that this anomaly is remedied at the earliest opportunity so that improvement grants can be obtained on all types of properties whether they are subject to a "Closing Order" or not.

HOUSING

STATISTICS

Total number of houses in the Borough	11,129
Houses erected during the year by:	
Local Authority	24
Private Enterprise	144
Houses in course of erection at end of the year:	
Local Authority	24
Private Enterprise	80
Flats in course of erection at end of the year:	
Private Enterprise	—
Flats provided by conversion:	
Properties converted	8
Resulting units	17
Total number of dwellings with pail closets	8
Total number of dustbins in the Borough	14,187
Total number of applicants for Council Houses at end of year	761

SUMMARY OF HOUSING VISITS

Section 9 Inspections (Houses repairable at reasonable expense)	38
Section 16 Closing or Demolition Order Inspections (Individual unfit houses)	38
Clearance Area Inspections (Housing Consolidated Regulations)	37
Overcrowding Inspections	4
Improvement Grants (Determination of life and state of property)	103
Disrepair Certificate Inspections	—
Multi-occupied House Inspections	472
Re-inspections (all types above)	574
Public Health Acts Inspections (Sections 39, 45, 93, etc.)	235
Public Health Acts (Re-inspections)	218
Total	1,719

TABLE I**Summary of Action taken during the year 1968**

Clearance Area	Type of Order	Date Represented	Date of Confirmation	No. of Houses	No. of persons to be displaced
Hilderthorpe Road (No. 1)	C.P.O.	14. 6.67	22. 3.68	42	94
Castle Garth	C.O.	13. 9.67	28. 3.68 (excluding Nos. 1 and 5)	5	7
Nelson Street (No. 1)	C.P.O.	13.12.67	19. 8.68	8	17
North Street (No. 1)	C.P.O.	17. 1.68		10	14
Total				65	132

TABLE II**Individual Unfit Houses**

Number of Houses Demolished	Closing Orders	Demolition Orders	Undertakings given under Section 16 of the Housing Act 1957
—	8	—	6

TABLE III**Demolition of Houses**

Total number of houses demolished during the year:	
Houses in Clearance Areas	7
Houses subject to Demolition Orders	—
Total	7

Amenities provided by Standard Grants during the year

Fixed baths	6
Hot water supply	6
Food stores	2
Wash hand basins	6
Water closets	8

Amounts paid in Grants

Standard Grants	
Total number	4
Average grant per house	£195
Total amount paid in grants	£779
Discretionary Grants	
Total number	17
Average grant per house	£258
Total amount paid in grants	£4,394

Housing Act 1961 (Houses in Multiple Occupation)

Over 400 more visits were made to flats during 1968 than in the whole of the previous year. By stepping up the number of inspections we are obviously now making real progress towards our goal, which is to see that all this type of accommodation complies with the standard as set down by the Council in conjunction with the Bridlington Holiday Flat and Flatlet Owners Association. Following discussions between members of the Health Committee and the Association's representatives I am pleased to say that we are now getting their fullest co-operation and there is every possibility that we shall make rapid progress towards ensuring that each and every premises complies with the appropriate standard. Where there are extensive alterations or adaptations it is the policy of the Committee to enter into discussions with the owner concerned in order that all the works can be phased out over a suitable period. By doing so it is possible to have the majority of the structural work carried out during the closed season. I have found in practice that this is a most sensible way of dealing with the problem and furthermore there is every indication that it is very much appreciated by all the people concerned. It is the Health Committee's wish that as much publicity as possible is given with regard to the standard which has been set by the Council for premises in multiple occupation. This has been done primarily so as to avoid difficulties at a later stage where people have purchased properties with a view to carrying out alterations without prior knowledge of the standards which apply. Very often this has caused the owners a lot of unnecessary expense because enquiries had not been made at this department as to what standards are in force. It is my advice to all those who are contemplating converting premises into flats or who do not already know the standards for flats to contact the Health Department in order that the public health inspectors may make them aware of the standards set down. By doing so they will also be able to discuss any future proposals they may have which will certainly avoid difficulties at a later stage.

ATMOSPHERIC POLLUTION

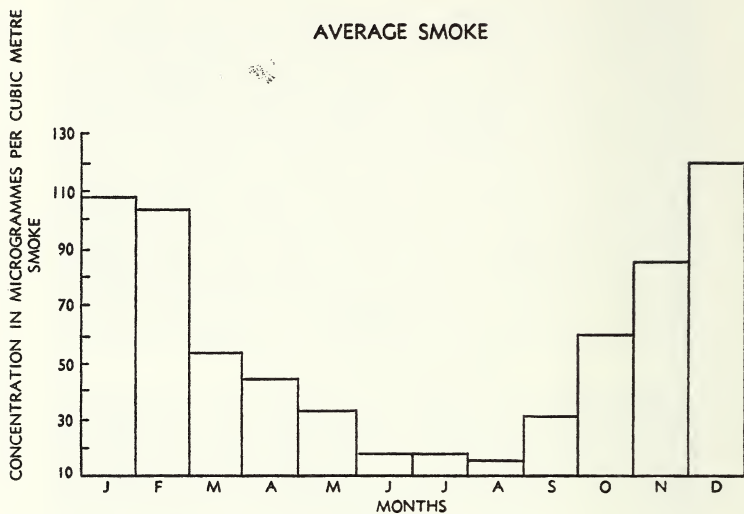
In July a joint report was submitted by the Medical Officer of Health and myself with regard to pollution throughout the town and particularly during 150 days from October to March when there is considerable atmospheric pollution present throughout the town. This pollution is due entirely to the burning of coal on open firegrates. Weather conditions on the 150 days in question are a most important factor because there is very often very little air movement with mist lying just off shore and on the high ground surrounding the outer parts of the borough. Such conditions have the effect of forming a blanket over the town with the result that the products of combustion cannot disperse readily into the atmosphere. It becomes trapped and the effect of this is shown by the high readings which are obtained during the period referred to. At the Council Meeting held in September it was decided that "smoke control" areas should be introduced throughout the borough. At this particular point in time the Ministry of Housing and Local Government indicated that the Treasury were not prepared to give grants for smoke control purposes owing to the economic restrictions which were in force. This does not however prevent us from submitting a programme to the Ministry with a view to dealing with those areas where all the properties have been constructed since 1964 and which do not qualify for grants. It is also possible to deal with land zoned for residential purposes and on which houses will be built and which are excluded for grant purposes. As soon as time permits it is my intention to draw up a programme for the whole of the town the emphasis being on the areas which I have already referred to. By taking this course of action we shall be able to prevent any increase in the number of premises which will be able to burn bituminous fuel. I feel sure that once we have introduced the first few areas and people have had the chance to acquaint themselves with the benefits of burning smokeless fuel and using other approved means of heating, we shall have very little opposition in those areas where conversions are necessary.

Despite the fact that the department operates a service for the collection of garden refuse, I regret to say that we still have a large number of people who are continuing to burn garden refuse and thereby giving rise to serious smoke nuisances in residential areas. A lot of this burning takes place late in the evening and very often such fires that are lit are left to smoulder throughout the night until the next day. Another factor which makes this practice undesirable is the fact that many people have a tendency to try and burn material which is green and full of moisture. Whilst a smoke nuisance from this source can be very uncomfortable and distressing, it must not be forgotten that this can be a serious hazard to the health of people who are unfortunate to breathe in this type of smoke. Last year the Henry Doubleday Research Association published a leaflet which contained extracts from a Paper on "Cancer and Atmospheric Pollution" written by Professor F. C. Pybus which stated that bonfire smoke averages 70 ppm of cancer causing benzpyrenes compared with 0.2 ppm in cigarettes and is a very great problem in suburban areas. I feel sure that these figures more than adequately demonstrate the undesirability of burning garden refuse and as the health department operate an excellent collection service I see no reason at all why this nuisance should not cease in the interests of the health of all those people residing in the borough.

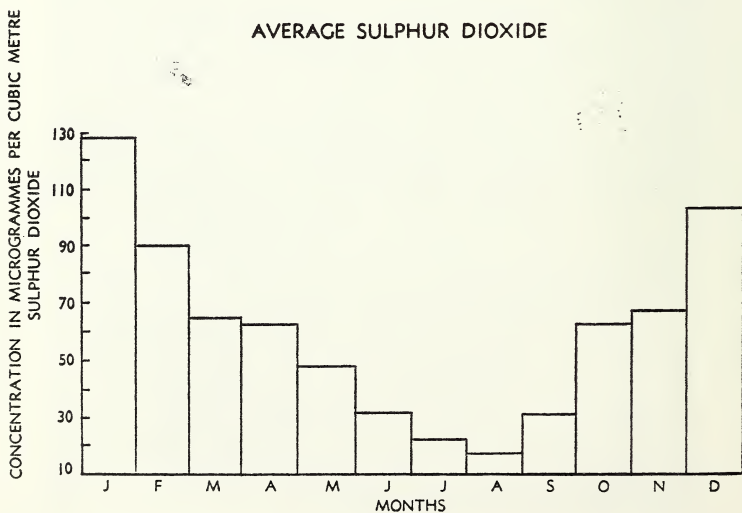
Table 1

CLEAN AIR VOLUMETRIC ANALYSIS

AVERAGE SMOKE



AVERAGE SULPHUR DIOXIDE



WATER

Examining Laboratories

Public Health Laboratory, Hull.

The Northern Analysts, Hull.

The Public Health Laboratory is used by the Health Department for Bacteriological Examinations. The presence of Free Chlorine in Chlorinated Water is carried out by my own staff.

In addition to the above, regular samples of water are taken by the East Yorkshire (Wolds Area) Water Board.

There have been no complaints regarding the quality or quantity of water within the Borough.

SAMPLING

PRIVATE SUPPLIES				
RAW WATER				
Bacteriological Examination Report				
No. Exam.	Excel.	Satis.	Susp.	Unsatis.
6	3	3	—	—

Total number of samples taken: 6

EXAMINATION OF WATER FROM SWIMMING POOLS						
CHLORINATED WATER						
Bacteriological Examination Report				Chemical Examination for Free Chlorine		
No. Exam.	Satis.	Susp.	Unsatis.	No. Exam.	Present	Absent
34	32	—	2	42	42	—

Total number of samples taken: 76

Average Free Chlorine content: .29 parts per million

Swimming Pools

There were only two unsatisfactory samples taken from the swimming baths during the whole of the period when they were in operation. The standard of cleanliness generally is quite high which is quite an achievement when one takes into account the fact that during the summer period the swimming baths which are sited at the schools are virtually in constant use.

SCHOOLS

During the year I received many complaints from the parents of children attending Moorfield and Burlington Infants and Junior Schools which related to the unsatisfactory sanitary accommodation provided for the use of children. I carried out a detailed inspection of all the facilities provided at the said schools and submitted a report thereon to the November meeting of the Health Committee. The accommodation provided for both sexes at all the schools is badly sited and constructed of materials which are likely to cause serious cleaning problems at all times. The materials are porous in nature and condensation is very often so severe during the winter months that children will just not use the toilets. The siting of the sanitary accommodation is such that the children have to cross over an open yard, very often in appalling weather conditions, which again has a deterrent effect on children using them. In the formative years of a child's education I am of the opinion that it is essential that children should be taught the basic essentials of

personal hygiene. Children coming from modern homes who have all the necessary facilities in their own home should not be expected to go to school and use facilities which are antiquated and should certainly not be part of the scene in the 1960's. The existing facilities such as they are would certainly not be accepted if they were in a food premises, factory, office or shop in the town primarily because there is stringent legislation now in force which covers all staff employed at these types of establishment which lays down specific standards far and above those which are obtaining at the schools in question.

This situation should not be tolerated and it is my opinion that steps should be taken to construct new internal lavatory blocks together with suitable and sufficient hand washing facilities at all the schools in question. I feel also that there should be facilities which allow boys in the junior schools to have a shower after they have played football because very often such boys as these get caked with mud and have nowhere proper to wash themselves. Many of these children are expected—even though they are very often covered with mud—to dress themselves in a nice, clean, smart school uniform and then they are allowed to go home, which is rather anachronistic to say the least. Many of these boys have to travel on buses which often means that by the time they arrive home their clothing is in a filthy state. When new ablution blocks are constructed they should, therefore, incorporate shower facilities in order to overcome the problem stated. This is an essential amenity which is required by most football clubs and youth clubs throughout the town. Structurally the schools in question are quite sound and there is no evidence to suggest that they will not be used for another twenty or thirty years and it is not good enough to channel all resources and thought into new school premises. The overall deficiencies referred to should be dealt with as soon as possible and I consider it incumbent of the Education Authority to treat this matter with some urgency and formulate their proposals for the provision of suitable amenities as soon as possible.

OFFICES, SHOPS AND RAILWAY PREMISES ACT 1963

The number of visits to registered premises under the Act were double that of the previous year. Whilst this is quite an achievement it must be pointed out that there are still many premises which require to be inspected and others which require regular inspections, in particular those premises employing a large number of staff. Looking through the list of accidents notified under the Act I find that the majority of such accidents could be avoided if more instruction was given by management and employees were made aware of the dangers involved when moving goods on floors which are not thoroughly cleansed and are greasy and dangerous. Very often we find that the stacking of goods gives rise to danger, particularly where such goods are not supported on shelves or storage racks. These difficulties can only be overcome if instruction is given to the staff on the dangers which may face them if they do not carry out all the procedures as laid down by the management.

Freedom of movement around counters, storerooms and other areas frequented by staff and customers alike is essential if the number of accidents is to be reduced. Whilst this may reduce the storage space to some extent I feel sure that this loss is more than compensated for by the greater efficiency achieved from the mobility point of view around a particular establishment. It is my intention in the forthcoming year to try and see that all premises within the borough which require to be registered are visited and inspected and in addition to make many more visits to those premises which are already registered. It is essential to visit premises regularly in order that we can keep not only the management, but the employees on their toes and make them more aware of the requirements of the Act itself and their particular responsibilities in ensuring that it is a success.

Registration and General Inspections

Class of Premises	Number of premises registered during the year	Total number of registered premises at end of the year	Number of registered premises receiving general inspection during the year
Offices	—	118	7
Retail Shops	10	296	40
Wholesale shops, warehouses	—	21	2
Catering establishments open to the public	6	87	15
Fuel storage depots	—	—	—
Total	16	522	64

Total number of visits of all kinds by Inspectors to registered premises under the Act—220

FACTORIES

Inspections for purposes of provisions as to health

Premises (1)	Number on Register (2)	Number of		
		Inspections (3)	Written notices (4)	Occupiers prosecuted (5)
(i) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities.....	9	21	—	—
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority.....	168	32	1	—
(iii) Other Premises in which Section 7 is enforced by the Local Authority.... (excluding out-workers' premises)	—	7	—	—
Total.....	177	60	1	—

Defects Found

Particulars (1)	Number of cases in which defects were found				Number of cases in which prosecutions were instituted (6)
	Found (2)	Remedied (3)	Referred		
			To H.M. Inspector (4)	By H.M. Inspector (5)	
Want of cleanliness (S.I.).....	1	—	—	—	—
Sanitary Conveniences (S.7). Defective	1	—	—	—	—
Total.....	2	—	—	—	—

Outworkers

Nature of Work	Number of Workers
Making wearing apparel.....	1

LICENSED CARAVAN CAMPS

Situation	Owner	Number of Caravans
Marton Road, Bridlington	Mr. W. Gatenby	282
Pinfold Street, Bridlington	Mr. B. and Mrs. J. Davis	20
Jewison Lane, Bridlington	Mr. J. L. Ireland	217
Lime Kiln Lane, Bridlington	Park Estates (Bridlington) Ltd.	400
Jewison Lane, Bridlington	Mrs. G. M. Pilling	60
Charity Farm, Sewerby	Mr. H. Lount	188
Marton Poultry Farm, Bridlington	Mr. J. Rowley	100
Total		1,267

There have been numerous improvements carried out at some of the private caravan camps and there has been a significant increase in the number of hard-standings which are now being provided. During the holiday season I found, along with the owners of these camps, that the introduction of bulk containers for the storage of refuse was a complete success. Evidence of this can be gauged from the fact that several proprietors have now decided to extend the use of such containers and have decided to use this type of receptacle throughout their respective camps. The rapid increase in the number of bulk containers now in use throughout the town generally has necessitated the placing of an order for an additional refuse collection vehicle which, amongst other things, is capable of dealing with bulk containers. This has been necessary if we are to avoid hold-ups in the event of a breakdown to the vehicle which is permanently engaged on the job of emptying bulk containers. Once again I am pleased to report that the standard of management on the private camps is good and that we receive their fullest co-operation at all times.

SOUTH CLIFF CARAVAN PARK

During the year we carried out numerous improvements on the camp itself and these mainly took the form of tree and shrub planting. Many of the original roads which were laid down when the Park first opened are now in a poor state of repair and will certainly require attention before the opening of the 1969 season. One of the main difficulties on the Park is the fact that with the increased number of cars and vehicles using the site the roads themselves are subjected to continuous use throughout a four-month period. It is not generally realised that there are many occasions when there are at least 450 cars using this site, this is without delivery vehicles and cars used by visitors to residents on the site. One of the main sources of damage to the roads themselves is the fact that at the present time there is no kerbing of any description and there is the tendency when vehicles use the extremities of the road for it to break away, this process of breaking away is aggravated by grass and weeds which tend to push up along the edges and create an unsightly verge alongside the roadway itself. It is essential in the forthcoming year that more money be spent on the road system and that we introduce kerbing blocks alongside the roadway itself. By doing so I feel sure that the surface dressing of the roads themselves will last much longer and it will certainly improve the appearance of the Park and facilitate the mowing of grass alongside such areas. Further improvements will have to be made to the lighting along the roadways themselves. Many parts of the Park have very poor lighting and this can be quite disturbing to elderly people and children during the hours of darkness.

The storage facilities provided for the shop at the moment are very restricted and I feel we should provide extra space during the forthcoming year. In addition I consider it is essential that the staff engaged at the shop itself should have their own separate sanitary accommodation and washing facilities. Both these facilities and the storage position can be combined in one composite extension at the rear of the building. By carrying out these improvements it will then be possible for the proprietor of the shop to provide more room for those people who use the shop as I feel that we should wherever possible improve the facilities in order that we can encourage those people who use the site, to use the shop.

I would also pass comment on the siting of the telephone kiosk. At the present time this is sited in a partitioned section of the general office and because of its situation it is impossible to conduct a conversation on this telephone in complete privacy owing to the lack of insulation. In addition I would mention that the partitions as such are so weak in construction as to make it quite an easy task for anyone who wishes to force entry into the office itself. To overcome this problem it is desirable to site a new telephone kiosk adjoining the shop premises where there is plenty of lighting which certainly is a deterrent against damage and misuse from unauthorised persons.

Toward the latter part of the holiday season I did install a spin drier in the Ablution Block with a view to ascertaining whether or not there was a demand for this type of amenity. From my observations it would appear that the venture was a complete success and I feel that we should at the earliest opportunity install full laundrette facilities. These could take the form of a suitable automatic washing machine together with tumbler drier, spin drier and ironing facilities. I feel sure that the revenue received will certainly cover the cost of the equipment in the first full season of use. At the same time it will provide full washing amenities and will be most helpful to those people who use the Park and who at the present time are being forced to bring washing into the town because of the absence of facilities.

ORGANISED CAMPING

The facilities provided at the South Cliff Camping Site are proving more popular than ever and there is a noticeable trend towards attracting people from a far wider range of social and youth organisations. The site has now become so popular that I think it is time we got down to considering the question of having a permanent ablution block somewhere adjoining the sewage pumping station. This need only be a small structure housing several toilets together with the appropriate washing facilities. It would certainly be a big improvement on the existing facilities which consist of pail closets which have to be attended to daily during the time that visitors are on site. With the aid of the Parks Department this site is now in excellent condition and is proving a most popular amenity for those organisations engaged in outdoor pursuits.

